

Developing Community Partnerships for Cultural Diversity Training

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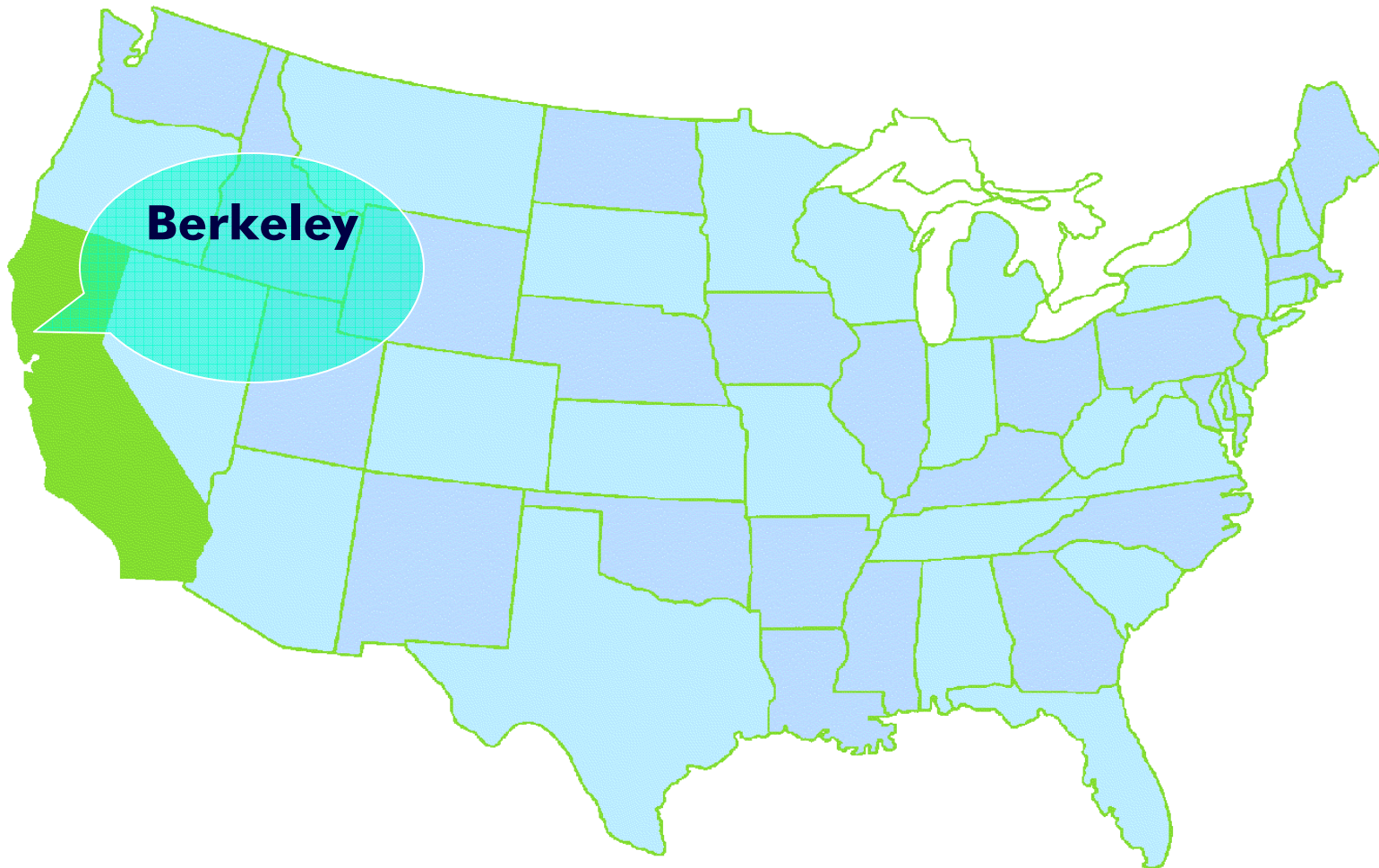
EHDI -February 25, 2008

What is CEID ?...

27 year-old, non-profit organization
Started in 1980; US Federal HCEEP grant
Family Focused EI + Audiology + Inclusive
Childcare



Where are we located ?



Comprehensive Service Delivery

1. Early Intervention: Intensive & Family Focused

- ✓ Home visits
- ✓ Individual speech and auditory training
- ✓ Weekly parent education/sign classes
- ✓ Monthly Saturday Family School & Play Groups
- ✓ 3 Morning Nursery School Classes for:
 - Preschool: children 3 -5 years of age
 - Toddlers: children 18 months-3 years of age
 - Friday Family Transition: 12-18 months & caregiver

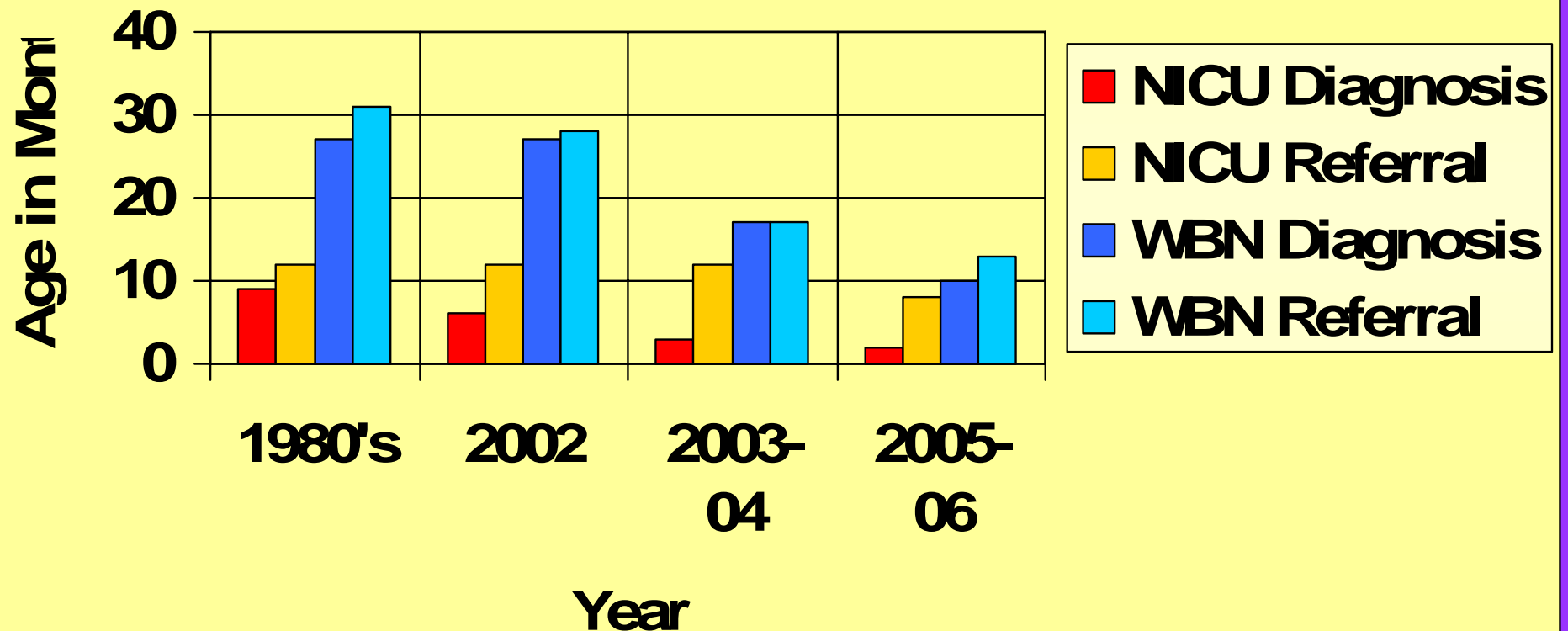
2. Community Outreach and Training

3. *Pediatric Audiology & Dispensing*

4. *Inclusive Childcare - Sunshine Preschool*

CEID's History

Average Age of Diagnosis & Referral



State's Findings

Challenge: collecting information from all agencies: Health and Education

- Births in State: 2005

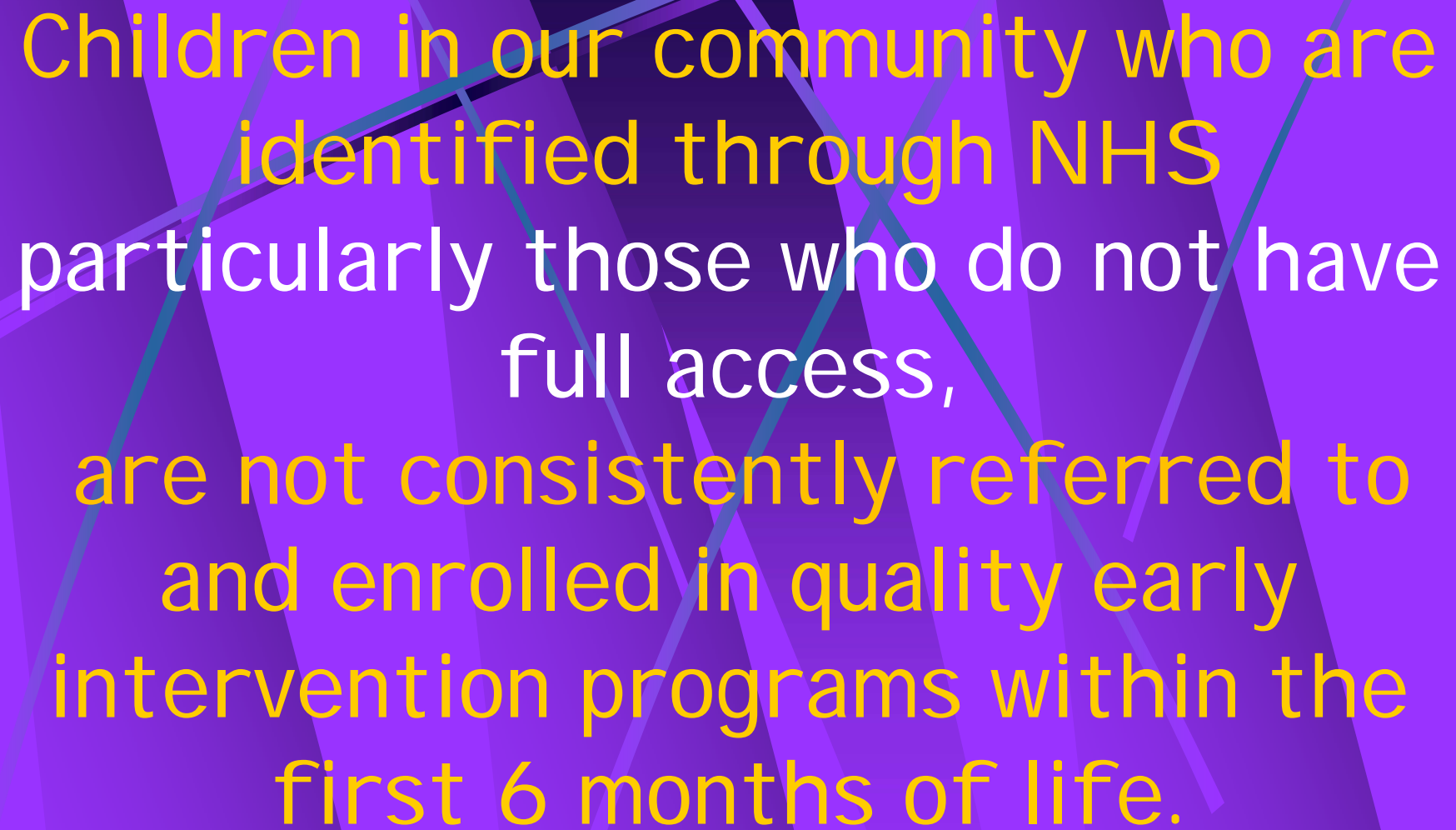
- Births reported w/ HL loss: 713
- HL reported to EI: 709
- Tracking/information: 658
- # enrolled in EI (84%) 598
- # enrolled by **6 months** 403
(56%)

- Births in Region – 2005

- Hearing loss identified: 174
- Referred to EI: 170
- # enrolled in EI: (98%) 166
- # enrolled-6 mos: (50%) 86

State Update: Findings

- Difficulty collecting data from all agencies (Dept. of Health and Dept. of Education)
- Approximately 420,000 babies per year
- California's original program served about 70% of all births; now 179 hospitals
- New 2008 legislation - "universal" program targets approximately 120,000+ more babies



Children in our community who are
identified through NHS
particularly those who do not have
full access,
are not consistently referred to
and enrolled in quality early
intervention programs within the
first 6 months of life.

Why is CEID increasing efforts to expand community partnerships?



Because . . . Developing successful community partnerships . . .

- Parallels our own strategic plan
- Endorses successful EI outcomes: 1,3,6
- Position in Community: Only non-profit organization in S.F. Bay Area that provides early intervention, inclusive childcare, audiology, parent education and medial outreach and training
- History of annual community meetings and seminars with inter-agency representation

Past Activities

- On site “Speaking” invitations to PCP
- Letters paralleling Deaf Awareness & Better Hearing and Speech months
- Local conferences of stakeholders
- Mailings: Postcards, Rolodex, and letters
- Monthly on site trainings for Pediatric Residents from local teaching hospitals
- Publication of Pediatric Resource GUIDE
- Presentations: Grand Rounds, AAP
- Personalized Letter: Board Member, MD
- Advertisements and Media Coverage

WHAT: Project Cross Talks

- * To promote improved access to diagnosis and early intervention for underserved children who have hearing loss by building partnerships with pediatric providers in Alameda County
- * Build leadership within the community; innovate partnerships and new alliances for systemic change through . . . knowledge, skills and connections

funded by: *The California Endowment*



Create a collaboration between systems to identify barriers to access and reverse continued late identification and early intervention

Promoting a Comprehensive Approach

- **Models for *Comprehensiveness***

Literature search - Multiple Meanings

- 1. Single organization takes on broad array of issues and develops a multifaceted approach to serving and working with children and families
- 2. Single organization takes on diverse areas of policy changes that cut across traditional boundaries
- 3. Several organizations that focus primarily on one issue to make stronger connections and alliances with each other.

Approach: *First Steps*

- Pre-grant Award: signed agreement of goals and partnership responsibilities
- CEID "in house" staff training
- First Partnership meeting:
 - Reviewed objectives – buy in
 - On site visits/ 1-hour trainings/committee work/
 - Annual stakeholders seminar/ release time
 - Survey – reviewed samples – revised
 - Introductions to all sites and Directors
 - Schedule site visits

2 year grant – The California Endowment

Asian
Health
Services

Lifelong
Medical
Care

Native
American
Health Ctr

Tri-City
Health Ctr.

**ALAMEDA
HEALTH
CONSORTIUM**

W. Oakland
Health
Council

Tiburcio
Vasquez
Health Ctr.

La Clinica
de la Raza

Valley
Community
Health Ctr.

Alameda Health Consortium

association of community health centers
serving nearly:

112,000 patients per year

461,000 visits per year

33,400 prenatal care visits

50% patients are uninsured

52% are **not** primary English language users

10 languages

CEID staff preparation

- Hosted on site - Specialized Training with individuals and specialists working in agencies that serve people of cultural & minority backgrounds, who work with children who have special needs & their families
 - Asian Mental Health Services – Infant Staff
 - Persian- Middle East

Asian Culture: *Culture* defines preferred ways for meeting needs

Agnes Man, MSW – Asian Community Mental Health Services

- Shared experiences
- Fewer words
- Implicit/indirect messages
- Less eye contact between strangers/professional
- May not use communication/emotion with child: no admiration
- Form of touch – prefer more space; hand shake
- Nodding head:
 - “I hear you speaking” **not**
 - “I understand or agree”
- **Family focus is basic needs**
physical health, financial
- Parent roles:
Bonding – mother:
Breadwinner – father
- Attitude towards disability:
shame, punishment
“sin of ancestors”
- Nature vs. Nurture:
hopelessness; nothing can be done
- **Professionals can help**
hire best – let them fix

Video clip – parent interview



Middle East – Persian/Iran

- **Taroff** – to say yes, but means “no”
(people in culture inherently know and understand)
- Agree to home visit appointment, but really not going to be home
- Agree to be on time for school – but shows up 45 minutes late each day
- Agree to wear hearing aids – but does not
- Agree to pay for services – says “No” – but they know they must

Project Cross Talks - Goals

- #1 - Increase data availability that documents key barriers to early detection and intervention from the perspective of the local providers

Create Survey (include questions that identify cultural and linguistic barriers & provider skill level)

Make site visits to each clinic - meet staff and observe their system in action

Approach: Determine Best Match for Trainings

- On site at each clinic – Time? Location?
- **Agreements:**
 - Pre-arranged release time that fits their agency's culture
 - Surveys – data collected and results reports
 - Explore suggestions for meeting gaps
 - Commitment to change: Future needs

Approach: *Survey*

● Research Existing:

- Mary Pat Moeller and Karl White- EHDI
- CDC – Cultural Diversity Group- Spanish
- Cultural Competence- research
- Cultural Humility- research
- Providers' perspective of gaps
- CRASH
 - Culture/Respect/Assess/Affirm/Sensitivity & Self/Awareness/Humility

Survey Adaptations

- Consultant - Changing language/references:
 - Do you think minority and low income families have the same opportunities for access to timely services as other families? (families you see)
 - Do you think the prevalence of congenital SNHL is higher among children with minority or lower socio economic status? (communities of color and immigration status?)
- Time friendly survey- 10 minutes; consistent replies (ie. Q & A; or 4 choice answers)
- Thinking about the physicians with whom you work and know, how informed do you think most of them are about issues related to permanent hearing loss ? (Very informed compared to themselves)

Steering Committee

- Meet Quarterly
 - Summer 2007
- Discuss Roles of Inter-agency members
 - NHS, Public Health, Community Clinics, School District, Regional Center, Home visitors
- Identify Obstacles for Equal Access
 - Place Matters: Transportation; Socio economic impact, regular access to health care, culture
- Share challenges – strategize for success

Focus on equity & eliminate health disparities

- Capture the Broader sense of urgency and concern and use it to strengthen a focus on the needs
- Willingness to engage in debates about the specific challenges confronting the communities and partnering to create approaches to address them ***
- Willingness to look at system's history and take responsibility for changing

Clinic example: Latino

- Healthy child does not need visits to the doctor
- Community Clinic visits – stay all day
- Entire family attends
- Expect 2 “No Shows”



Changes made by CEID

- I identify public transportation support
- I identify Incentives for families
- Hire interpreters (Spanish)
- Appreciation for “all day clinic” experience
- Time to explain “personal” appointment – more time for conversation
- 2-3 reminder calls
- Flexible Audiology team

Changes at CEID – Community

- Contract with community clinic insurance carriers
- Secure grant funding for uninsured families
- Translate “provider” recommended patient handouts
- Identify drop off points in community (laundry, church, day laborer sites, bakery,
- Talk show for Spanish speaking families
- Articles in Spanish speaking newspapers

Project Cross Talks

- # 2 - Strengthen physician and clinic staff awareness & skills regarding the importance of early detection and intervention

- 1 hour trainings on site
- Dissemination of CEID GUIDE
- Translated handouts
- Community “drop off” points
- Case study specific to culture



Pediatric Resource Guide to Infant & Childhood Hearing Loss

∞ Content includes:

- Background Information
 - Fact Sheet on Deafness
 - State & National Findings
 - Summary of Federal legislation
- Role of the Medical Home & Pediatric Providers
- Clinical Aspects in Identifying Hearing Loss
- Diagnostic & Intervention Process
- Genetic Syndromes
- *Early Intervention: IFSP*
- Website Resources
- Glossary of Terms
- References
- *Individualized state contact sheets*

Project Cross Talks

- # 3 - Increase information sharing and collaboration among key stakeholders charged with detection and intervention for underserved communities

Discussion comparing use of:

- Cultural Identity
- Cultural Sensitivity
- Cultural Competency
- Cultural Humility

Cultural Competency

- Comprises behaviors, attitudes, and policies that can come together on a continuum that will ensure that a system, agency, program or individual can function effectively and appropriately in diverse cultural interactions and settings;
- Assures understanding, appreciation, and respect of cultural differences and similarities within and among and between groups.
- A goal that a system, agency, program or individual continually aspires to achieve

Cultural Competency

- best defined not by a discrete endpoint but as . . .
- a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with patients, community, colleagues and with themselves.

L. Brown, MPH

Cultural Humility

- a process that dovetails with cultural competency yet it requires humility in **how** physicians bring into check the power imbalances that exist in the dynamics of physician-patient communication by using **patient-focused interviewing and care**; a process that requires humility to develop and maintain mutually respectful and dynamic partnerships

Melanie Tervalon, MD, MPH

Children's Hospital - Oakland

Promoting a Comprehensive Approach

- **Review of Models for *Comprehensiveness***

Literature search - Multiple Meanings

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Findings to date . .

Collaboration = a huge investment!

- Building healthy communities requires a number of **diverse tactics from multiple stakeholders.**
- Recognizing, supporting and strengthening the framework that provides the relationship between communities, cultures, systems, environmental factors, commitments, priorities and goals.

Continued Commitment

- Commit to creating and supporting new policies and practices that are equitable and will overcome previous barriers to full inclusion and participation
- Commit to “cultural humility” practices that recognize need of providers
- Commit to including families in seminars and presentations

Challenges & Next Steps

- Release time for providers – make it meaningful and with CEUs
- Changing staff and point of contact within community clinics
- Support Overworked professionals
- 2-3 months lead time for seminars
- Cultural Humility seminars – best time
- Maintaining supportive and Close communication with partners – support their needs; focus on mutual benefit & goal



Thank You!
CEID

www.ceid.org
(510) 848-4800

Reference List

- For more information on this topic, please contact:
- Reference A: Jill Ellis, M.Ed.: JillEllis@ceid.org
- Reference B: Trevelan, MD.
- Reference C: The Alameda Health Consortium
- Reference D: California Early Start
- Asian Community Mental Health: Agnes Man, MSW
- Maryam Salehomoun: SPL- CCC: SF State
- Additional Information may be found at:

● www.ceid.org